



WHOLESALE REGISTRATION FORM

Section 1 Contact information

Health Canada Drug Establishment Licence (DEL) number: n/a

Corporation Name*:

Principal Business Address*:

City*: Province*: Postal Code*:

Country*: Fax number*:

E-mail address*:

President*

First Name: Last Name:

Is President's address same as principal business address above? Yes No If no, please provide below:

Address:

City: Province: Postal Code:

Country:

**This information will be used as the main point of contact for communication from the NB College of Pharmacists. Please indicate if it should be otherwise.*

Directors of Company (see page 3 for additional spaces)

First Name: Last Name:

Is Director's address same as principal business address? Yes No

If no, please provide below:

Address:

City: Province: Postal Code:

Country:

Section 2 Address of each place of business, agent or representative serving New Brunswick or in New Brunswick where drugs are handled (see page 4 for additional spaces)

We do not have a place of business in New Brunswick.

Corporation Name:

Health Canada Drug Establishment Licence (DEL) number: n/a

Address:

City: Province: Postal Code:

Representative in charge for each place of business in New Brunswick or serving New Brunswick

First Name: Last Name:

Telephone number(s): Fax number:

E-mail address:

Section 3 Certification Statements

I certify that:

- I understand the legislation relating to the registration of wholesalers as set out in the [New Brunswick Pharmacy Act and its Regulations](#), specifically Regulation 15.4(a) that states no entity may purchase, trade, sell or transfer a limited access drug at wholesale with a person or entity that is not registered with the College as a drug wholesaler or pharmacy.
- I will notify the New Brunswick College of Pharmacists within seven days of a change to the representative in charge at any of the New Brunswick place of business(es) I have listed here, and that
- I will renew this registration annually by December 31st in accordance with Regulation 16.1.
- I have read and understand the policy statement on [the collection, use and disclosure of registration information by the New Brunswick College of Pharmacists](#).

Payment must be included with form. See the Fee Schedule on website for applicable fee.

MasterCard or Visa are acceptable forms of payment.

Credit Card #: **Expires (mm/yy):**

3-digit code on back of card:

Name of Applicant:

Signature of Applicant: **Date:**

Directors of company

First Name: Last Name:

Is Director's address same as principal business address? Yes No

If no, please provide below:

Address:

City: Province: Postal Code:

Country:

First Name: Last Name:

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Representative in charge

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Telephone number(s): Fax number:

E-mail address:

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Health Canada Drug Establishment Licence (DEL) number: n/a

Address:

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City: Province: Postal Code:

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First Name: Last Name:

Telephone number(s): Fax number:

E-mail address:

****Copy this page and attach more as required.***